

# NC-TOPPS Mental Health and Substance Abuse

## Child (Ages 6-11)

## Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

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Please provide the following information about the individual:

1. Date of Birth

				/			/		
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2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports.

☐ Child Mental Health, age 6-11

4. Individual County of Residence:

5. Please indicate reason for Episode Completion:

(mark only one)

- ☐ Completed treatment  
☐ Discharged at program initiative  
☐ Refused treatment  
☐ Did not return as scheduled within 60 days  
☐ Changed to service not required for NC-TOPPS  
☐ Moved out of area or changed to different LME  
☐ Incarcerated  
☐ Institutionalized  
☐ Died

6. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview?

☐ Y ☐ N → (skip to 7)

b. Current Global Assessment of Functioning Score:

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7. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' answer 8.

8. How many weeks ago was the consumer last seen for treatment?

- ☐ Past week ☐ 5-8 weeks ago  
☐ 2-4 weeks ago ☐ More than 8 weeks ago

9. Since the last interview, the consumer has attended scheduled treatment sessions...

☐ Rarely or never ☐ Sometimes ☐ All or most of the time

10. Since the individual started services for this episode of treatment, which comprehensive services has the individual received in the following areas?

- ☐ Educational improvement  
☐ Housing (basic shelter or rent subsidy)  
☐ Transportation  
☐ Child care  
☐ Medical care  
☐ Screening/Treatment referral for HIV/TB/HEP  
☐ Legal issues

11. In the past 3 months, has the individual's family or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)

☐ Treatment services ☐ Person-centered planning ☐ None of the above

**Section II: Complete items 12-29 using information from the individual's interview (preferred) or consumer record**

12. How are the next section's items being gathered?

(mark all that apply)

- ☐ In-person interview (preferred)  
☐ Telephone interview  
☐ Clinical record/notes

13. Does your child and/or family ever have difficulty participating in treatment because of problems with...

- ☐ No difficulties prevented your child from entering treatment  
☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)  
☐ Active substance abuse symptoms (addiction, relapse)  
☐ Physical health problems (severe illness, hospitalization)  
☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)  
☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)  
☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)  
☐ Cost or financial reasons (no money for cab, treatment cost)  
☐ Stigma/Embarrassment  
☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)  
☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)  
☐ Legal reason (incarceration, arrest)  
☐ Transportation/Distance to provider  
☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

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14. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

☐ Y ☐ N → (skip to 15)

b. If **yes**, what programs are your child currently enrolled in for credit? (mark all that apply)

☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom  
☐ Academic schools (K-12)

20. In the past month, if your child has a current prescription for psychotropic medications, how often has your child taken this medication as prescribed?

☐ No prescription

☐ All or most of the time

☐ Sometimes

☐ Rarely or never

15. **For K-12 only:**

a. What grade is your child currently in?

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b. Since beginning treatment, your child's school attendance has...

☐ improved ☐ stayed the same ☐ gotten worse

c. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)

☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

d. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time? ☐ Pass ☐ Fail

21. In the past 3 months, how many times has your child moved residences?

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 (enter zero, if none and skip to 22)

**If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 22b.**

b. What was the reason(s) for your child's most recent move? (mark all that apply)

☐ Moved closer to family/friends

☐ Moved to nicer or safer location

☐ Needed more supervision or supports

☐ Moved to location with more independence, better access to activities and/or services

☐ Could no longer afford previous location or evicted

16. **For K-12 only:** In the past 3 months, how many days of school has your child missed due to...

a. Expulsion

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b. Out-of-school suspension

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c. Truancy

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d. Is your child currently expelled from regular school?

☐ Y ☐ N

22. Currently, where does your child live?

☐ Homeless

→ (skip to b)

☐ Residential program

→ (skip to c)

☐ Temporary housing

→ (skip to 23)

☐ Facility/institution

→ (skip to 23)

☐ In a family setting (private or foster home) ☐ Other → (skip to 23)

**If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 22b and 22c.**

b. If homeless, please specify your child's living situation currently.

☐ Sheltered (homeless shelter)

☐ Unsheltered (on the street, in a car, camp)

c. If residential program, please specify the type of residential program your child currently lives in.

☐ Therapeutic foster home

☐ Level III group home

☐ Level IV group home

☐ State-operated residential treatment center

17. In the past 3 months, how often did your child participate in ...

a. extracurricular activities?

☐ Never ☐ A few times ☐ More than a few times

b. support or self-help groups?

☐ Never ☐ A few times ☐ More than a few times

18. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

19. In the past month, how would you describe your child's mental health symptoms?

☐ Extremely severe

☐ Severe

☐ Moderate

☐ Mild

☐ Not present

23. Was this living arrangement in your child's home community?

☐ Y ☐ N

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24. In the past 3 months, has your child received any residential services outside of his/her home community?  
☐ Y ☐ N

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 25.

25. In the past 3 months, who did your child live with most of the time? (mark all that apply)

- ☐ Mother/Stepmother ☐ Sibling(s)  
☐ Father/Stepfather ☐ Other relative(s)  
☐ Grandmother ☐ Guardian  
☐ Grandfather ☐ Other  
☐ Foster family

26. In the past 3 months, has your child used tobacco or alcohol? ☐ Y ☐ N ☐ Don't know

27. In the past 3 months, has your child used illicit drugs or other substances? ☐ Y ☐ N ☐ Don't know

28. In the past month, how many times has your child been in trouble with the law?  
(enter zero, if none)

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29. Does your child have a Court Counselor? ☐ Y ☐ N

**Section III: Complete items 30-40 from the individual's interview only**

30. Is the respondent present for in-person or telephone interview?

- ☐ Y - Complete items 31-40  
☐ N - Stop here

31. Since the last interview, has your child visited a physical health care provider for a routine check up?

- ☐ Y ☐ N

32. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach)

- ☐ None ☐ 1 or 2 ☐ 3 or more

33. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?

- ☐ Never ☐ A few times ☐ More than a few times

34. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?

- ☐ Never ☐ A few times ☐ More than a few times

35. Since the last interview, how often has your child tried to hurt him/herself or cause him/herself pain on purpose (such as cut, burned, or bruised self)?

- ☐ Never ☐ A few times ☐ More than a few times

36. Since the last interview, how often has your child had thoughts of suicide?

- ☐ Never  
☐ A few times  
☐ More than a few times  
☐ Don't know

37. Since the last interview, has your child attempted suicide?

- ☐ Y ☐ N

38. In the past 3 months, how well has your child been doing in the following areas of his/her life?

- |                              | Excellent                | Good                     | Fair                     | Poor                     |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39. In the past 3 months, has your child...

- a. had telephone contacts to an emergency crisis facility?  
☐ Y ☐ N  
b. had visits to a hospital emergency room?  
☐ Y ☐ N  
c. spent nights in a medical/surgical hospital?  
(excluding birth delivery)  
☐ Y ☐ N  
d. spent nights homeless? (sheltered or unsheltered)  
☐ Y ☐ N  
e. spent nights in detention, jail, or prison?  
(adult or juvenile system)  
☐ Y ☐ N

40. How helpful have the program services been in...

- a. improving the quality of your child's life?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA  
b. decreasing your child's symptoms?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA  
c. increasing your child's hope about the future?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA  
d. increasing your child's control over his/her life?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA  
e. improving your child's educational status?  
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

**End of interview**

**Enter data into web-based system:**  
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**Do not mail this form**

# Attachment I:

## DSM-IV TR Diagnositic Classifications

### Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

### Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

### Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)